

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out of Town Contact Name: _____

Email: _____

Tel. Number 1: _____ Tel. Number 2: _____

Fill out the following information for each family member and keep it up to date.

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Where to go in an emergency. Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans. (over)



Home

Address: _____

Phone Number: _____

Neighborhood Meeting Place: _____

Regional Meeting Place: _____

Work

Address: _____

Phone Number: _____

Evacuation Location: _____

Work

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent:

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent:

Address: _____

Phone Number: _____

Evacuation Location: _____

Important Information

Name

Telephone

Policy

Doctor(s):

Other:

Pharmacist:

Medical Insurance:

Homeowners/Rental Insurance:

Veterinarian/Kennel (for pets):

Other useful phone numbers: 9-1-1 for emergencies

Police Non-Emergency Phone #: _____

Every family member should carry a copy of this important information:

< FOLD HERE >



Other Important Phone Numbers & Information:

Family Communications Plan

Contact Name:
Telephone:

Out-of-Town Contact Name:
Telephone:


Neighborhood Meeting Place:
Meeting Place Telephone:

Dial 9-1-1 for Emergencies!

< FOLD HERE >



Other Important Phone Numbers & Information:

Family Communications Plan

Contact Name:
Telephone:

Out-of-Town Contact Name:
Telephone:

Neighborhood Meeting Place:
Meeting Place Telephone:

Dial 9-1-1 for Emergencies!